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OBSERVATIONAL STUDY ON THE TREATMENT, COST AND QUALITY OF LIFE OF SUBJECTS WITH HEREDITARY ANGIOEDEMA

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OBJECTIVES: Hereditary angioedema (HAE) is a rare and potentially serious disease. Due to its rarity, there are very few epidemiological and therapeutic data on this disease. The objectives of this study were to generate new information describing HAE patients and their symptoms, costs of therapeutic management, and impact on health-related quality of life (HRQoL). **METHODS:** A one-year retrospective observational study was conducted involving 306 HAE patients across 19 French medical centres. Data were collected on disease pathology, management,, resources and health-related quality of life based on the SF-36. **RESULTS:** 64.1% of patients had type I and/or II HAE, whilst 35.9% of patients had type III. The initial symptoms appeared in adolescents for type I/II HAE and in young adults for type III HAE. Across all HAE types, 87.4% of patients had already experienced at least one severe (life threatening) event related to the pathology and had an average of 8.5 episodes in the prior year. Out of 883 episodes, hospitalisation was necessary in 11.4% of episodes. An ICU stay was needed in 13.8% of the hospitalised episodes, and 3 of these stays necessitated intubation. 55.2% of the patients had ongoing long-term prophylactic treatment. The annual per-patient cost of HAE episodes (treatment, hospitalisation) was €4892 for type I/II and €3313 for type III. As compared with a population of patients with allergies, patients suffering from HAE have a decrease in their SF-36 scores in the areas of mental health and social well-being, as well as in most domains of physical health. Notably, there is a significant degradation in the SF-36 scores of patients when the number of episodes increases. **CONCLUSIONS:** HAE is a disease which reduces the QoL and has a high cost of treatment

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RELATIONSHIP BETWEEN QUALITY OF LIFE AND LEVEL OF CARDIOVASCULAR RISK AND COMORBIDITIES IN SPANISH HIPERTENSIVE PATIENTS-ALHAMBRA STUDY

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OBJECTIVES: To establish the relationship between cardiovascular risk (CVR) and health-related quality of life (HRQoL), as well as the presence or absence of comorbidities, in a Spanish hypertensive population. **METHODS:** Epidemiological, cross-sectional, multicenter study conducted in adult patients with essential hypertension of ≥1 year of evolution. Patients were stratified in 5 categories according to the CVR within 10 years (ESH/ESC, 2007): average, low added, moderate added, high added and very high added CVR. HRQoL was measured by MINICHAL questionnaire. It comprises 2 domains (mental status and somatic manifestations) referred to the past week. Overall scores range from 0 to 48, with higher scores representing worse HRQoL. Presence of kidney and cardiovascular disease was evaluated. **RESULTS:** A total of 6,654 patients (55.2% male) were assessed; median age (Q1, Q3) 63.0 (55.0, 72.0) years and time since hypertension diagnosis 6.5 (2.9, 10.7) years. Average CVR was presented in 3.5%, low added in 13.6%, moderate added in 12.8%, high added in 39.0% and very high added in 31.0% of patients. Overall MINICHAL scores ranged from 4.0 (2.0, 8.0) in patients with average CVR to 11.0 (5.0, 18.0) in patients with very high added CVR ($p<0.0001$). Mental status and somatic manifestations domains scores ranged from 4.0 (1.0, 6.0) for average CVR to 8.0 (4.0, 13.0) for very high added CVR, and from 0.0 (0.0, 2.0) for average CVR to 3.0 (1.0, 6.0) for very high added CVR, respectively ($p<0.0001$, in both cases). Overall MINICHAL scores related to comorbidities (presence vs. absence) were: kidney disease 13.0 (7.0, 20.0) vs. 7.0 (3.0, 12.0) and cardiovascular disease 10.0 (5.0, 17.0) vs. 6.0 (3.0, 12.0), [$p<0.0001$, in both cases]. **CONCLUSIONS:** Hypertensive patients with increased CVR show significant worse HRQoL, in both mental status and somatic manifestations domains. The presence of comorbidities is associated with a worse HRQoL.

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QUALITY OF LIFE IN CHRONIC SYMPTOMATIC HEART FAILURE PATIENTS IN SPAIN, INSIGHT FROM THE INOESCARO STUDY

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OBJECTIVES: To analyze, for the first time in a large Spanish population of heart failure pts, quality of life according to NYHA class II, III or IV using generic and specific quality of life questionnaires. **METHODS:** A descriptive analysis of a multicenter, prospective observational study was performed. Pts who met inclusion criteria were followed-up for a period of 12 months, with 3 visits programmed at baseline, 6 months and 12 months. A total of 9 Spanish hospitals were involved in the study. Questionnaires used to measure quality of life were: EQ-5D (generic questionnaire), Minessotta living with heart failure- MLWHF (specific questionnaire) and Barthel Index (index of independence). **RESULTS:** A total of 330 pts completed the study, 74.2% men, mean age was 62.9 years. 82.4% were in NYHA class II, 16.4% NYHA class III and 1.2% NYHA class IV. A total of 20 pts died along the period of study and 25 pts did not complete follow up. Significant differences were observed in Barthel Index's scores depending on class: class II 97.2 ± 7.3 vs. Class III-IV 91.4 ± 14.3. Related to EQ-5D scores, individuals in class II had a mean value of 0.8058 ± 0.2048 (out of 1), and mean VAS value of 56.75 ± 17.39 (out of 100). Individuals in NYHA class III-IV had a mean value of 0.6135 ± 0.3032 (out of 1) and mean VAS value of 50.45 ± 20.24 (out of 100). In a MLWHF questionnaire analyses, pts in NYHA class II showed a mean score of 29.81 ± 18.57 while pts in NYHA class III-IV showed a mean score of 48.53 ± 17.97. **CONCLUSIONS:** Chronic heart failure patients in NYHA III and IV seemed to have a higher grade for physical disability and worse health-related quality of life compared to patients in NYHA II and population of similar age.

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THE ECONOMIC AND HUMANISTIC BURDEN OF ACUTE CORONARY SYNDROME (ACS): A SYSTEMATIC REVIEW

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OBJECTIVES: ACS encompasses a spectrum of clinical presentations arising from the progression of coronary artery disease including: unstable angina, non-ST segment elevation myocardial infarction (NSTEMI) and ST segment elevation myocardial infarction (STEMI). The epidemiology of ACS varies internationally with shifting incidence related to changes in lifestyle over time with broad implications for health care systems. This review focuses on the economic and humanistic burden of ACS. **METHODS:** A systematic electronic literature search was conducted to identify published reports from 1965 through 2009 for ACS. Abstracts from the initial search were reviewed to identify relevant papers. A full review was conducted on articles that met general inclusion criteria. Reference lists were hand searched to identify additional data. Studies not available in English were excluded. **RESULTS:** ACS has been associated with large reductions in health-related quality of life (HRQOL). Statistically significant declines in both the physical and social functioning domains of the SF-36 have been reported for individuals with MI, in particular, even years after the clinical event. However, such research is limited to specific populations and particular clinical events with variable findings across studies. Economic models have used utility values for ACS ranging from 0.61-0.93 (scale:0-1), depending upon age group and the clinical presentation of interest. A study of five European countries shows that economic costs also vary. Annual cost per patient ranged from €7,009 (UK) to €12,086 (Italy), with hospitalizations accounting for 50% of the total, on average, and pharmaceutical expenditures comprising between 14% (Spain) to 23% (Germany) of ACS total cost. **CONCLUSIONS:** ACS is a major source of morbidity and is associated with significant economic burden on health care systems, though the estimated impact on HRQOL varies by country, clinical presentation and metric. Future therapies for ACS may offer opportunities to reduce some of the economic and humanistic burden of ACS.

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HOW PATIENTS WITH CHRONIC STABLE ANGINA PERCEIVE AND LIVE WITH THEIR DISEASE ON AN EVERYDAY BASIS?

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OBJECTIVES: Data seldom report the experience of chronic stable angina (CSA) directly perceived by patients. This qualitative work aimed to explore how patients perceive CSA and its impact on their life in order to optimise communication between the doctor and their patient in the decision-making process. **METHODS:** CSA patients with and without professional activity and treated with the most frequent anti-anginal therapeutic strategies were recruited. They were interviewed face-to face, based on a guide specifically designed for the purpose of the study including questions on knowledge and beliefs, as well as on impact and management of CSA. Recruitment was completed when no additional information was obtained with the last interview, thus reaching saturation of the themes investigated and allowing building the comprehensive picture of patients' perception. **RESULTS:** Symptoms perceived by CSA patients are cardiac pain, fatigue, breathlessness and increased heart rate. The disease impairs patients' daily life such as physical activities (in particular walking/running, climbing stairs/hill, and holding/carrying heavy things), work, family, sexual and social life and leisure activities, in addition to psychological/emotional status. In order to avoid symptoms, treated patients adopt coping strategies such as anticipating, avoiding or segmenting efforts, limiting/taking things easy, getting help, initiating healthy lifestyle. For those who live with partners they mainly delegate treatment management to them. Saturation was reached with the sample size population (n=25). **CONCLUSIONS:** CSA has detrimental impact on patients' lives. Treated patients adopt various coping strategies to help them live with their disease and lessen their symptoms. This exploratory work will help to better understand the disease and assess benefits of anti-anginal treatment from a patient's perspective. This is likely to facilitate patient-doctor communication in the decision-making process.

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THE PARTICIPATION DECISION FOR LIFESTYLE DISEASE SCREENING

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OBJECTIVES: The objective of this study was to compare attenders' and non-attenders' preferences in relation to participation in lifestyle disease screening. **METHODS:** During a screening trial of about 25,000 male citizens between the age of 65 and 75, 2,119 invitees were sampled. The screening programme comprised a test for abdominal aortic aneurysm, hypertension and peripheral artery disease,